

EVIDENCE SUBMITTAL FORM AND EXAMINATION REQUEST

Agency Case #: 

SUBMITTING AGENCY: <input type="checkbox"/> FWS-LE, Region: _____ <input type="checkbox"/> Other Fed: _____ <input type="checkbox"/> State: _____ <input type="checkbox"/> CITES: _____		Case Officer: (Name & Badge #)		Lab Case #:	
Agency Code:		Evidence Submitted by: (Name & Badge #)		Date:	
Agency Name, Address: (Reports will be mailed to this address)		Suspect Name(s): Case Title:		Logged In: (Date/By) Case Assigned To: <input type="checkbox"/> CRIMINALISTICS <input type="checkbox"/> MORPHOLOGY <input type="checkbox"/> SEROLOGY <input type="checkbox"/> TECHNICAL SUPPORT <input type="checkbox"/> EVIDENCE & PROPERTY	
Item # or Evid. Tag #:		Item Description: Use entire block to describe 1 tagged item or the contents of one tagged package)		LAB#: Bar Code#:	
Item #: _____					
Item #: _____					
Item #: _____					
Item #: _____					
Item #: _____					
Item #: _____					

Additional Items Listed on back?

☐ yes ☐ no

For additional information, contact:

☐ Case Officer

☐ Submitting Officer

Phone: ()

Return Evidence To:

☐ Agency Address listed above

☐ Other: See Special Instructions

Additional Instructions on back?

☐ yes ☐ no

Special Examination or Shipping Instructions: